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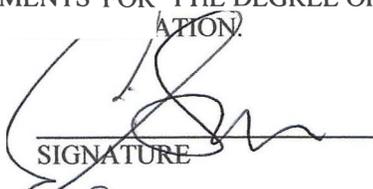
THESIS TITLE: THE IMPACT OF THE CALIFORNIA HEALTHY YOUTH ACT ON INTIMATE  
PARTNER VIOLENCE IN SAN DIEGO'S SEXUAL MINORITY ADOLESCENTS

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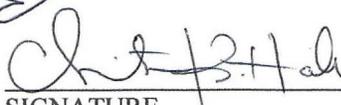
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Running Head: IPV IN SAN DIEGO SMA

The Impact of the California Healthy Youth Act on Intimate Partner Violence in San Diego's

Sexual Minority Adolescents

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## Abstract

**PURPOSE:** Intimate partner violence (IPV) experienced by adolescents has been linked a multitude of negative health outcomes later in life. Studies continues to show sexual minority adolescents (SMA) are at increased risk of IPV victimization when compared to heterosexual youth. This study looks at the impact of the California Healthy Youth Act (CHYA) to reduce the prevalence of IPV among SMA in San Diego.

**METHODS:** Chi square analysis and crude odds ratios were used to investigate whether an association exist between rates of IPV and the implementation of the CHYA using a local sample in San Diego. Recent bullying victimization was also examined to determine if the CHYA was able to reduce prevalence which studies have shown to be a mediator for IPV.

**RESULTS:** No statistically significant associations were identified between IPV and the CHYA. Trends were identified on the local level which differ from national trends including the prevalence of IPV among SMA males and the prevalence of recent bullying victimization against SMA.

**CONCLUSION:** San Diego SMA are at equal and in many cases greater risk of becoming victims of IPV. Although there was no statistically significant association between the rates of IPV and implementation of the CHYA, much was learned about the burden faced by SMA in San Diego. Further evaluation can help determine the effectiveness of health policies like the CHYA.

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## **Introduction**

### Background

The effects of Intimate Partner Violence (IPV) on adolescents goes far beyond the actual act of violence. Several health outcomes are associated with experiencing IPV as an adolescent including increased sexual risk, substance use and abuse, eating disorders, emotional distress, depression, post-traumatic stress disorder (PTSD), and suicide (Silverman, Raj, Mucci & Hathaway, 2001). Much of the research available focuses on heterosexual female victims. In recent years, studies have examined the impact of IPV on the lesbian, gay, and bisexual (LGB) communities. The National Violence Against Women Survey shows evidence adults who were in a same-sex relationship at some point in their lives are more likely to experience IPV than those who have not. The forms of IPV vary from verbal abuse, controlling behavior, physical and sexual IPV. Those who have a history of dating both men and women had the highest rates of reported IPV with the majority reporting the perpetrator was of the opposite sex (Messinger, 2011). Another study conducted using data from the California Health Interview Survey (CHIS) found gay men and bisexual women had the highest prevalence rates of IPV respective to sexual orientation. These two groups were the only observed groups of statistical significance (Goldberg & Meyer, 2013). Similar studies that explored IPV as both sexual intimate partner violence victimization (SIPVV) and physical intimate partner violence victimization (PIPVV) yielded similar results (Walter, Chen & Breiding, 2013).

The impact of IPV on sexual minorities suggest sexual minority adolescents (SMA) may experience IPV at equal or greater rates than heterosexual youth. Studies of IPV and SMA are limited compared to those which do not examine sexual orientation with results varying greatly.

A cross sectional study conducted in 10 schools in the New York, Pennsylvania, and New Jersey region found SMA experienced higher rates of physical, psychological, sexual, and cyber dating violence than heterosexual students (Dank, Lachman, Zweig & Yahner, 2014). A longitudinal study from the Chicago area used convenience sampling and followed 248 LGBT youth for five years monitoring IPV victimization. At the end of five years 45.2 percent of youth reported PIPVV with 16.9 percent of youth reporting SIPVV. Bisexual and questioning youth experienced 75 percent higher rates of IPV than gay and lesbian youth (Walters, Newcomb, Messinger, Byck & Mustanski, 2013).

One reason for varying results is sample selection. Many of the studies regarding IPV among sexual minorities are based on convenience sampling. This is largely due to a distrust in of mental health agencies as well as authority figures as a whole. Those who are most vulnerable may be less likely to volunteer for such studies (Baker, Buick, Kim, Moniz & Nava, 2013). How sexual minorities are defined also effects the outcome of results. Many surveys allow participants to self-identify based on a list of sexual orientation options provided. Those who do not identify by a sexual minority label but by behavior may be missed in these data (Moradi, Mohr, Worthington & Fassinger, 2009). An example of this is asking the gender of past partners vice selecting sexual orientation from a list which may not be inclusive of all participants' identities.

Just as one's definition of sexual orientation may vary, so can the definition of IPV. Historically, IPV focused on woman being the victim. It was characterized by physical violence, verbal abuse such as yelling, and psychological abuse (Torpy, Lynn & Glass, 2010). A new scales must be used when expanding considerations for victims to include members of sexual minorities. One

such scale tailored to their vulnerabilities includes property damage, controlling behavior such as preventing someone from seeing family and friends, refusing to wear a condom during sex, threatening to out one's sexual orientation or gender identity, or threatening to reveal one's HIV status (Stephenson & Finneran, 2013). One's outness can be a risk factor for IPV victimization and perpetration. A study examining IPV in gay and bisexual male relationships revealed an association between IPV, gender role conflict, and level to which one partner feel comfortable disclosing their sexual orientation (Goldenberg, Stephenson, Freeland & Finneran & Hadley, 2016). If one partner is more out than the other, this could create a situation conducive to violence (Young & Meyer, 2005). Sexual minority IPV scales tend to identify victimization of men who have sex with men. Such scales may be inappropriate when applying to sexual minority women. There are no current scales tailored to the sexual minority women (Lewis, Milletich, Kelley & Woody, 2012).

The minority stress theory (MST) is one way to help examine IPV disparities faced by SMA. This theory acknowledges certain social constructs must be examined for their impact on health disparities. A person can, and does face experiences of both privilege and marginalization based on these social identities. Privilege is an unearned benefit extended to a person solely based on their belonging to a particular social group. A person usually is categorized by one pronounced identifier like race or gender. People do not exist as a singular identity, rather a intersection of multiple social identities. When evaluating the effects of MST, the intersection by which a person exist must also be evaluated (McConnell, Janulis, Phillips, Truong, & Birkett, 2018). MST looks at the impact of stigma, discrimination, and prejudice on minority communities. These experiences can lead to stress and adverse life events proven to put a person at high risk of

IPV victimization (Meyer, 2003). Those who internalize stigma, experienced rejection, or expect to be rejected are more likely to experience IPV in a relationship but are less likely to report becoming a victim of IPV (Lewis et al, 2012). The LGBTQ community faces marginalization as a result of sexual orientation. Sexual minorities of color also face compounded stress resulting from oppression based on race/ethnicity and sexual identity. The influence of heterosexism and racism are not added to determine risk. Both should be evaluated independently to measure association with health outcomes stemming from each (McConnell et al, 2018). Research continues to associate internalized homophobia with IPV aggression and victimization. Stigma faced by SMA, particularly in the form of bullying, increases the likelihood of negative health outcomes and disparities (Badenes-Ribera, Sánchez-Meca & Longobardi, 2017). The Gay Lesbian Straight Education Network (GLSEN) released data regarding LGBTQ youth in middle and high school. This data shows queer youth are more likely to become the victims of bullying as a result of actual or supposed sexual orientation more so than any other reason (Greytak, Kosciw, Villenas, & Giga, 2016).

Interventions aimed at reducing the impact of victimization were implemented in schools. One such intervention created safe spaces for SMA in schools, known as Gay Straight Alliances or Gender Sexuality Alliances (GSA). The presence of these clubs in school has increased the supportive services on campus as well as decreasing risky behavior of active members.

However, GSAs did not reduce the prevalence of negative health outcomes associated with chronic victimization. Regarding bullying, GSAs have the ability to mitigate the impact of bullying on queer youth by providing social support but they have very little impact on the prevalence of bullying. This is because GSAs act as safeguards for SMA but do not reach the

perpetrators of violence (Proulx, Coulte, Egan, Matthews & Mair, 2019). In an effort to address this gap, as well as many others, the State of California implemented the California Healthy Youth Act (CHYA) on January 1, 2016 (California Department of Education, 2019).

The CHYA required all California schools to provide comprehensive sexual health and Human Immunodeficiency Virus (HIV) prevention education at least once in middle school and once again in high school. Curriculum must include creation of healthy attitudes about body image, gender, and sexual identity/orientation (California Department of Education, 2019). Not only must sexual orientation be presented in an affirming manner, but examples of same-sex relationships must be used. Discussions regarding healthy relationships, sexual assault, and sexual harassment must also be included in curriculum (American Civil Liberties Union of California, 2018). States who adopted policies supporting SMA inclusion reported a decrease in the number days of self-reported depression and suicidal ideation among this population. These youth also reported experiencing less bullying while at school compared to states who elected not to adopt similar policies (Proulx et al, 2019).

Studies have determined SMA inclusivity has positively affected the mental health outcomes of lesbian, gay, bisexual and questioning (LGBQ) youth (Proulx et al, 2019). No studies have evaluated the effectiveness of these policies concerning prevalence of IPV among this population. Better understanding the burden of IPV among California SMA and factors such as school bullying victimization can help determine the effectiveness of interventions like the CHYA at reducing IPV on LGBQ youth.

The Youth Risk Behavior Survey (YRBS) is nationally administered to high school and middle school aged youth. This survey looks at the burden of injury and violence, sexual behavior and unplanned pregnancy, alcohol and drugs, tobacco use, diet, and physical activity (Center for Disease Control and Prevention [CDC], 2018) on youth. In 2015, the YRBS changed to include sexual identity which allowed for researchers to evaluate the burden of IPV in SMA on a national level rather than relying on convenience sampling.

### Study Aims

Following a natural experiment framework, this study aims to compare IPV data from the 2015 YRBS to 2017 YRBS data for high school aged youth attending school in San Diego to determine whether the CHYA has effected the odds of SMA experiencing PIPVV and SIPVV. It also looks at the rates of reported bullying victimization to evaluate whether exposure to LGBTQ inclusive curriculum effects the prevalence of bullying which previous studies have shown to be a mediator for IPV faced by SMA (Meyer, 2003). This study is unique as no study has looked at the impact of IPV among SMA youth in San Diego. These analyses provide a better understanding of the local burden of PIPVV and SIPVV and insight regarding policy level interventions. When applying this study to the social ecological model, this study aims to determine whether changes at the policy level are associated with changes at the interpersonal level regarding IPV among SMA in San Diego.

## ***Methods***

### *Source of data*

This study uses data from the nationally administered YRBS for both 2015 and 2017. These data are used to determine the impact of a wide range of health outcomes and behaviors. Survey information is available for national, state, and district (local) levels. San Diego is one of twenty one metropolitan areas where YRBS district level data are available. Data for San Diego is available for fourteen years. The years selected for this study were based on the addition of sexual identity, nationally, in 2015 and the implementation of the CHYA in 2016. San Diego began observing sexual identity as of 2013. Although sexual minority data is available for years prior to 2015, questions asked prior to 2015 varied regarding IPV and thus could not be used for the purpose of this study. Additionally, looking at surveys prior to and after CHYA implementation allows for the study to control for as many outside policy level variables as possible. For instance, observing 2013 YRBS data as base line data may be more representative of the effects of marriage equality policy on the prevalence of IPV vice the CHYA. Data from 2015 were gathered prior to the implementation of the CHYA and act as a control group since the CHYA was implemented in 2016. The 2017 YRBS was administered a year after the CHYA intervention and participants act as the intervention group of this cross-sectional comparison analysis.

### *Data Collection*

YRBS data was collected via written survey for both 2015 and 2017. Both survey contained a total of 99 questions which were administered in classrooms across America. YRBS surveys are required to be anonymous and self-administered. In the spring of 2015, twenty-six San Diego Unified School District (SDUSD) schools participated in the YRBS, a 100 percent response rate,

with a student response rate of 88 percent. Data from 2017 reflected a total of 25 SDUSD high schools with a response rate of 100 percent and a student response rate of 85.5 percent.

### *Study Sample*

Study participants consisted of students in grades 9-12. Data for both 2015 and 2017 were weighted by gender, race/ethnicity, and grade. The target populations for this study is SMA in San Diego area high schools. This being a very specific population meant many YRBS participants were excluded. Participants were first excluded if data concerning sex or gender (2015: n=6, 2017: n=10) were missing. Those who did not answer questions regarding sexual identity were also excluded (2015: n=48, 2017:n=42) given that center to this study was one's sexual identity. Students were asked about the gender(s) of sex sexual contact(s) in their lifetime. This study is inclusive of those who did not identify by a sexual minority label but reported having either same-sex partners or partners of both genders. Those who identified as heterosexual but only reported having opposite gender partners were excluded (2015:n =951, 2017: n=879). Heterosexuals who did not answer questions about the gender of past contacts were also omitted (2015: n=63, 2017: n=111). Heterosexual students who reported no history of sexual contact were also excluded from this study (2015: n=924, 2017: n=1018). The exclusion of these heterosexual groups ensured all of those remaining in this study either identified as a SMA by sexual identity or by behavior. Youth who did not answer questions observing SIPVV (2015: n=106, 2017: n=86) and PIPVV (2015: n=125, 2017:n=104) or selected the option "I did not date or go out with anyone during the past 12 months" (2015: SIPVV n=918, PIVPP n=913, 2017: SIPVV n=997, PIPVV n=992) were also omitted as this study's focus is IPV and not violence generally. These exclusions resulted in a final sample size of 422 participants (2015: n=183, 2017: n=239) with a total of 4,363 cases excluded. According to The Williams Institute

of the University of California, Los Angeles, 5.3 percent of California's population identifies as LGBT (The Williams Institute, UCLA School of Law, 2019). This study includes those who identify as LGB but also those who are questioning their sexuality. Additionally, It is inclusive of those who are considered sexual minorities by behavior. For these reasons, a larger percentage (9.6 percent) of sexual minorities was observed.

### Sexual Identity

Sexual identity or sexual orientation was assessed using one question ("Which of the following best describes you") having four possible choices; heterosexual or straight, gay or lesbian, bisexual, and not sure. All groups with the exception of heterosexual are considered sexual minorities as a sexual minority is defined as anyone who is not heterosexual. The term "not sure" refers to a person who is unsure their sexual identity. This is given the label of "questioning" regarding the LGBTQ community. It was also important to stratify by gender as research shows IPV prevalence varies greatly dependent on gender. The YRBS examines gender as a dichotomous variable with the options of male or female. Student's sexual identity and gender are both self-reported.

### Recent Intimate Partner Violence Victimization

Although research shows IPV occurs on a large spectrum beyond physical violence (Torpy et al, 2010), the YRBS assesses IPV by sexual (SIPVV) and physical (PIPVV) intimate partner violence alone. Both were assessed using identical questions for both 2015 and 2017. Youth self-reported SIPVV via the question "During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do?"

(Count such things as kissing, touching, or being physically forced to have sexual intercourse.)”

Similarly, PIPVV was also assessed using a single categorical item variable. Students were asked “During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)” For both SIPVV and PIPVV students could choose 0 times, 1 time, 2 or 3 times, 4 or 5 times, or 6 or more times. They were also provided an option for not dating or going out with anyone over the past twelve months. Those who aligned with this option were excluded from this study. All other responses were recoded into a new dichotomous variable for both PIPVV and SIPVV. Both were converted into true/false variables where true indicated the youth reported at least one instance of either SIPVV or PIPVV. An additional variable was also created by collapsing both SIPVV and PIPVV. This new dichotomous variable indicated whether a participant experienced either SIPVV or PIPVV in the past 12 months. Reported cases of either PIPVV or SIPVV resulted in being assigned to the true category intended to assess for both forms of IPV.

### Recent Bullying Victimization

Students were asked about recent bullying victimization using two dichotomous variables. Both questions had yes/no response options. Students were asked, “During the past 12 months, have you ever been bullied on school property?” This survey also assess electronic bullying victimization or cyberbullying by asking “During the past 12 months, have you ever been electronically bullied? (Count being bullied through texting Instagram, Facebook, or other social media.)” Both variables were examined for an association with IPV separately as well as collapsed into one dichotomous variable.

## Demographics

Demographics used for this study were limited to gender, race/ethnicity, and current grade. Grade was used in place of age due to students being exposed to the independent variable, CYHA, based on grade in school and not age. Survey data was gathered from high schools with choices of grades 9-12. There was an additional option for grade, “ungraded or other grade.” These participants were not used in this study as assessing grade level was used to determine exposure to the independent variable. The YRBS assesses race with two separate variables. The first limits race to four categories; White Non-Hispanic, Black Non-Hispanic, Hispanic/Latino, and All Other Races. The second extends race to seven options; American Indian/Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian/Other Pacific Islander, White, and Multiple Races (Non-Hispanic). This study uses the four category race option due to the limited sample size after exclusion criteria was applied.

## Sexual History

Studies have shown the need to extend considerations for sexual identity past labels and examine behavior (Moradi et al, 2009). The YRBS provides limited ability to assess whether youth are a part of a sexual minority population based on their behavior by asking about the gender(s) of past sexual contacts. It uses a single-item categorical question which ask “During your lifetime, with whom have you had sexual contact? Participants were given the choice of selecting I have never had sexual contact, females, males, females and males. The response to this question was used to determine whether those who identified as heterosexual align with this study. Participants

were included in this study if they identified as heterosexual but also identified having sexual contact with someone of the same sex or both sex.

## Analysis

All data analyses were conducted using IBM SPSS Statistics version 25. All SIPVV and PIPVV data were stratified by gender, race, and sexual orientation. Bullying victimization was stratified by gender, sexual identity, and race/ethnicity. All associations were first measured using Pearson's Chi Square. Due to the limited sample size, there were several cases where Pearson's Chi Square test were not accepted due to a violation of assumption. This violation was that more than 20 percent of contingency case count had fewer than 5 case counts. In these instances Fisher's Exact Test was used. Results were based on exact 2-sided significance as it does not assume a specific direction. Crude odds ratios were also provided for IPV and bullying victimization.

## *Results*

### Univariate analysis

Both 2015 and 2017 did not reflect equal distribution of males and females. Both years combined reflected 71.6 percent of participants identifying as female with 28.4 percent as males. In 2015, 29.5 percent of respondents were males and 70.5 percent were females. There was a slight increase of those who identified as a sexual minority in 2017. SMA rates of both males (27.60 percent) and females (72.4 percent) were similar to 2015 rates as well as combined survey years. The vast majority of SMA females surveyed identified as bisexual (52.0 percent) followed by heterosexual females who reported having same sex sexual contact or sexual contact

with both genders (23.8 percent). SMA male distribution was more equal than females. Interestingly, the majority of SMA males were represented by those who identify as heterosexual but also reported having sexual contact exclusively with other males or with people of both genders (30.8 percent). San Diego district SMA youth who reported some form on IPV was 29.4 percent (n=124). There were many cases of youth who reported both SIPVV and PIPVV. This was reflected in univariate analysis where 23.7 percent (n=100) of SMA reported SIPVV and 14.5 percent (n=61) reported PIPVV. Race/ethnicity of the SMA in this study were largely Hispanic/Latino (45.0 percent) followed by Multiple Races and Non-Hispanic Other Races (25.1 percent), and Non-Hispanic Whites (18.5 percent) and Black/ African Americans (7.1 percent). The majority of SMA were between the ages of 15-17. All youth were evenly distributed across all grades 9-12.

#### Bivariate Analysis

The main variate of interest in this study was all IPV, which combined reported incidence of SIPVV and PIPVV. The results to these analyses can be found on Table 2 stratified by gender. No statistical significance was identified when examining SMA as one group. Although statistically significant associations were not made regarding prevalence of IPV and the implementation of the CHYA, much was learned concerning the prevalence and current burden of IPV on local SMA in San Diego. A slight increase in prevalence was observed in 2017. A total of 61 cases were reported in 2015 and 63 in 2017. There was a reduction in IPV of 6.9 percent from 2015 to 2017. Of those groups with an increase in IPV, many also reported an increase of bullying victimization.

Examining an association between bullying victimization and IPV among all SMA did not yield any statistically significant associations. There was no observed change in overall recent bullying victimization prevalence and a decrease in the total reported cyberbullying incidents. However, there was an increase in recent bullying on school property from 18 in 2015 to 22 in 2017. SMA who racially identify as white saw a 10 percent increase in bullying (2015: 44 percent, 2017 52.9 percent). Multiple race and other non-Hispanic SMA also saw an increase of reported bullying from 2015 (42.9 percent) to 2017 (57.1 percent). Black SMA reporting remained unchanged at 50 percent where Hispanic SMA saw a decrease of five percent in bullying victimization. Bullying victimization stratified by sexual identity revealed gay or lesbian (2015: 55.6 percent, 2017: 44.4 percent) youth saw a reduction of bullying victimization where heterosexuals who reported having same sex sexual contact (2015: 47.1 percent, 2017: 52.9 percent) and bisexual (2015: 42.3 percent, 2017: 57.7 percent) youth reported an increase bullying victimization.

#### Female group

Only one test proved to have a statistically significant association, heterosexual females who reported either having exclusively same-sex sexual contact or sexual contact with people of both genders ( $p=0.020$ ). This result shows there is a statistically significant association between IPV and the year observed. This group also had the highest percentage of IPV when females results were stratified by sexual identity with 13 cases (41.9 percent) in 2015. This was reduced by almost half in 2017 with reported cases at seven (17.1 percent). Those who were not sure about their sexual identity and those females who identify as gay or lesbian had the exact same number of IPV incidence reported in both observed years. There was an increase in number of those who

identify by heterosexual and not sure which produced an lower IPV percentage for both groups. Bisexual SMA females reported the highest prevalence of IPV not only by females but of all SMA.

No statistical significance was noted when stratifying females SMA by grade. Noteworthy is the sharp increase of self-reported incidence that occurs within the 10<sup>th</sup> -12<sup>th</sup> grades. Specifically, the number of reported IPV among 11<sup>th</sup> grade SMA females almost doubled between 2015 and 2017. This meant 11<sup>th</sup> grade SMA females in 2017 were 1.4 times more likely to report victimization of IPV compared to 2015. The closest group to being statistically significant was 9<sup>th</sup> grade SMA females. This group saw an increase in the number or reported IPV incidence but due to the increased number of female youth who identified as SMA, the percentage of IPV reduced from 37.5 percent in 2015 to 20 percent in 2017.

When stratified by race, no SMA female groups proved to have a statistically significant association between year and IPV. The closest to having such significance was SMA females of Multiple Races and Other Non-Hispanics with a p value of 0.061. This group saw a reduction of almost 20 percent in IPV from 2015 to 2017. Conversely, white females SMA saw an increase in IPV prevalence with 9 cases in 2015 and 13 in 2017.

Results examining associations between recent bullying victimization and IPV victimization among SMA females also proved to be insignificant. Results for recently bullied at school and IPV victimization resulted in an almost positive association. This was a result of an increase in

prevalence from 14 in 2015 to 17 in 2017. Bullying as a whole and cyberbullying victimization saw reductions in prevalence among the intervention group.

### Male groups

Similar to SMA females, SMA males did not see a reduction in self-reported IPV victimization. There was an increase from 54 in 2015 to 66 in 2017. There was a reduction in overall percentage of males who reported victimization of IPV due to the increased number of SMA males surveyed in 2017. The only SMA male group, stratified by sexual identity, to see a reduction in prevalence of IPV from 2015 to 2017 were those who are not sure or questioning their sexual identity. All other SMA male groups reported an increase in IPV victimization. The largest increase occurred among SMA males who identify as bisexual. The highest percentage of IPV victimization by sexual identity among both female and male San Diego was gay SMA males (44.4 percent). The odds of a gay males reporting IPV victimization increased 2.2 times from 2015 to 2017. Heterosexual SMA and bisexual males had a p value of 1.00 meaning changes were very likely it resulted by chance alone. The odds ratio suggest heterosexual SMA males are 1.5 times more likely to report IPV victimization in 2017 than they were in 2015.

No statistical significance was noted when stratifying male SMA by grade. Three out of the four grades had p values of 1.000. The exception was SMA males in the 12<sup>th</sup> grade. The number of IPV reported remained at three. Due to the decrease in 12<sup>th</sup> graders who identified as SMA in 2017, the percentage rate increased from 16.7 percent in 2015 to 30.0 percent in 2017. This caused the odds of IPV victimization to increase by 2.1 times from 2015 to 2017 for SMA male 12<sup>th</sup> graders. Crude odds ratio for 10<sup>th</sup> grade SMA males also increased 1.3 times in 2017.

Evaluation by race, White SMA males saw a substantial increase in self-reported IPV victimization. In 2015, this group had a SIPVV/PIPVV rate of 9.1 percent. This increased to 33.3 percent in 2017 resulting in an increased odds of IPV 5 times that of 2015. All other SMA male ethnicities saw a decreased percentage of SMA males who reported being IPV victims on the YRBS. It is noteworthy that while there were significant difference in percentages of IPV victimization, the sample size in males SMA was so small in both 2015 to 2017 that any change in reporting would drastically effect percentages.

Unlike SMA females, the numbers of SMA male youth who reported being a victim of either cyberbullying or physically bullied on school property and were also victims of IPV increased in every category. The largest increase occurred when examining youth who were the victims of either form of bullying and IPV victimization. This percentage increased from 28.6 percent in 2015 to 40.0 percent in 2017 resulting in an increase of victimization odds to 1.7 times that of 2015. SMA males who were cyberbullying victims were 1.5 times as likely to report victimization of IPV in 2017 compared to 2015.

### **Discussion**

The rates of IPV experienced by San Diego SMA not only exceed those of their heterosexual counterparts but in many cases rival those reported nationally for lifetime IPV among the LGBT community (Taylor & Herman, 2015) especially when looking at the IPV rates among SMA males. Many of the findings in this study align with national statistics but admittedly there are some inconsistencies likely attributable to sample size. Nationally, bisexual woman are known as

the most impacted by IPV among the LGBT community. This study suggest there could be an equally great disparity faced by sexual minority males.

Although significance was not established, there was an observed increase in SMA males who reported being victims of IPV. Additional studies should continue to follow this group over time. It is possible LGBT inclusive curriculum in San Diego high schools acts as a catalyst for SMA males to identify IPV given healthy relationship education now require same sex examples. In other words, there may not be higher rates of IPV but just a more accurate representation of the burden given that SMA are now being made a part of the conversation. Further studies should continue to follow this trend overtime with larger study samples.

This study's ability to examine trends among those who are considered SMA based on behavior rather than self-reported sexual identity allows for evaluation of those who either do not subscribe to sexual identity labels or are not comfortable with their sexuality. Data continues to support one's outness is a risk factor when examining IPV(Stephenson & Finneran, 2013). This study confirms this to be true for SMA of San Diego. Large shifts occurred in both heterosexual females and male SMA with a history of same sex partner and sexual contacts of both genders regarding IPV. In females, the number of heterosexual SMA IPV dropped by almost half after the implementation of the CHYA. Additional studies should continue to follow this trend to determine if an association exist with a larger sample size. Male who were identified as SMA by behavior alone had similar rates of IPV as those who identified as gay and bisexual. At a minimum, future studies should continue to study sexual minority populations by behavior and not simply by self-reported sexual identity. Larger sample sizes could also determine whether

exposing all high school aged youth to LGBTQ inclusive curriculum is creating an environment for youth to be out regarding their sexual identity as the number of youth who identified as SMA increased in almost all categories.

Bisexual male and female SMA had the highest numbers of IPV among their genders when stratified by sexual orientation. National studies did show bisexual woman are at highest risk of experiencing IPV during their lifetime (Tony & Herman, 2015). It is possible continued exposure to intervention such as the CHYA can act as a mediator for non-reported IPV against SMA males. As mentioned by Goldberg (Goldberg et al, 2009), one's outness is a factor regarding IPV especially among a sexual minority male population. The increased number of males who identify as sexual minorities could speak to the CHYA ability to start an environmental change where sexual minority relationships become less stigmatized.

### *Limitations*

Measuring the impact of IPV using a scales limited to PIPVV and SIPVV may not accurately assess IPV on sexual minority communities. As described in previous studies (Stephenson & Finneran, 2013), IPV can manifest in ways not observed in heteronormative relationships. Expanding scales reflecting psychological and emotions victimization may better assess the actual impact on sexual minority communities. This is especially true for adolescents who may not be comfortable with their sexual identity and be at higher risk of victimization. The YRBS scales only identify victimization and do not assess for perpetration. Being able to identify the signs of an unhealthy relationship may help a victim recognize the signs of IPV and empower victims to escape a bad situation but research centered on victimization does not allow for

determination of motive by perpetrators to inform future interventions. Such research could also help inform framework oriented to members of sexual minority populations. Local districts are able to add questions which aren't collected for the national YRBS database. One such question on the 2017 San Diego YRBS was "During the past 12 months, how many times did someone you were dating or going out with purposely try to control you or emotionally hurt you? (Count such things as being told who you could and could not spend time with, being humiliated in front of others, or being threatened if you did not do what they wanted.)" This question is a prime example of scales which should be adopted at a national level since only questions nationally administered are reported on the CDC's YRBS database. Experimental question such as this are also constantly evolving. A similar question asking "Has a person you were going out with ever threatened you, limited your activities against your will, or made you feel unsafe in any other way?" was asked on the 2015 San Diego YRBS. Changes in wording of these question meant it could not be measured as they were not identical.

Similarly, recently bullying victimization questioning nationally does not fully assess victimization as it relates to members of a sexual minority population. San Diego did ask the question "During the past 12 months, how many times have you been harassed because someone thought you were gay, lesbian or bisexual?" This question was not included in the national YRBS database and could not be observed. This question gets to the center of MST and its association with IPV (Meyer, 2003).

The YRBS survey is not inclusive to all members of sexual minorities or members of the LGBTQ community. Sexual identities were limited to gay or lesbian, bisexual, and questioning.

It does not include members who identify as pansexual as well as other smaller groups of the sexual minority community. Additionally, gender was assessed as a dichotomous variable which only recognizes male and females. Research continues to suggest members of gender minorities, such a transgender and gender queer communities, as the most at risk segments of the LGBTQ community (Dank et al, 2014). Future scales should be more inclusive of these marginalized communities in order to properly assess the true burden.

Although the CHYA implementation occurred statewide on January 1, 2016, there is not a measure of determining whether or not surveyed youth actually received the intervention which includes LGBTQ inclusive sexual education. Participants were asked questions regarding the type of sexual education they received on the 2017 YRBS. These questions were exclusive to HIV and other STIs and whether or not comprehensive sexual education was offered. This does not assess for whether LGBTQ inclusivity was a part of the school's curriculum.

The largest limitations to this study were time and sample size. It is very possible significant associations may have been observed given a larger sample size. Many of the analysis conducted in the study required application of Fisher's Exact Test due to sample size. More time points could also be used if larger sample sizes cannot be observed. The addition of time points will also correct an additional short coming of this study, time. This study attempted to observe a change in a statewide policy occurring slightly more than a year prior. Exposure to the intervention is likely minimal as many schools implement sexual health curriculum to a single grade in one year's time.

This study must conclude there is no association between prevalence of IPV experienced by SMA and the implementation of the CHYA. While statistically significant associations were not found, much was learned regarding the burden of IPV on SMA in San Diego. Many trends were identified for researcher to address with future studies. It is possible associations may be observed with a larger sample size over a longer period of time. These studies are key to not only identifying the true burden but also the development of interventions for SMA communities.

## References

- American Civil Liberties Union of California. (2018). Fast Facts about the California Healthy Youth Act. Retrieved from [https://www.aclunc.org/docs/fast\\_facts\\_about\\_the\\_california\\_healthy\\_youth\\_act.pdf](https://www.aclunc.org/docs/fast_facts_about_the_california_healthy_youth_act.pdf)
- Badenes-Ribera, L., Sánchez-Meca, J., Longobardi, C. (2017). The Relationship Between Internalized Homophobia and Intimate Partner Violence in Same-Sex Relationships: A Meta-Analysis. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838017708781>
- Baker, N.L., Buick, J.D., Kim, S.R. Moniz, S., Nava, K.L. (2013, August). Lessons from Examining Same-sex Intimate Partner Violence. *Sex Roles*. 69: 182. <https://doi-org.ezproxy.csusm.edu/10.1007/s11199-012-0218-3>
- California Department of Education (2019, March 12). Comprehensive Sexual Health & HIV/AIDS Instruction. Retrieved from <https://www.cde.ca.gov/ls/he/se/>
- Centers for Disease Control and Prevention. (2018, June 14). Adolescent and School Health. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/overview.htm>
- Dank, M., Lachman, P., Zweig, J.M., Yahner, J. (2014, May). Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth. *Journal of Youth and Adolescence*. 43(5), 846-857. <https://doi.org/10.1007/s10964-013-9975-8>
- Goldberg, N.G., & Meyer, I.H. (2013). Sexual Orientation Disparities in History of Intimate Partner Violence: Results From the California Health Interview Survey. *Journal of Interpersonal Violence*, 28(5), 1109–1118. <https://doi.org/10.1177/0886260512459384>
- Goldenberg, T., Stephenson, R., Freeland, R., Finneran, C., Hadley, C. (2016). “Struggling to be the Alpha”: Sources of Tension and Intimate Partner Violence in Same-Sex Relationships

between Men. *Culture, Health & Sexuality*, 18(8), 875-889. <https://doi-org.ezproxy.csusm.edu/10/1080/13691058.2016.1144791>

Greytak, E.A., Kosciw, J.G., Villenas, C. & Giga, N.M. (2016). From Teasing to Torment: School Climate Revisited, A Survey of U.S. Secondary School Students and Teachers. New York: GLSEN

Lewis, R.J., Milletich, R.J., Kelley, M.L., Woody, A. (2012). Minority Stress, Substance Use, and Intimate Partner Violence among Sexual Minority Woman. *Aggression and Violent Behavior*, 17(3): 247-256. doi: <https://doi.org/10.1016/j.avb.2012.02.004>

McConnell, E. A., Janulis, P., Phillips, G., Truong, R., & Birkett, M. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 1–12. <https://doi-org.ezproxy.csusm.edu/10.1037/sgd0000265>

Messinger, A.M. (2011). Invisible Victims: Same-Sex IPV in the National Violence Against Women Survey. *Journal of Interpersonal Violence*, 26(11), 2228–2243. <https://doi.org/10.1177/0886260510383023>

Meyer, I.H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research. *Psychological Bulletin*, 129(5), 674-697, <https://doi-org.exproxy.csusm.edu/10/1037/0033-2909.129.5.674>

Moradi, B., Mohr, J.J., Worthington, R.L., Fassinger, R.E. (2009). Counseling Psychology Research on Sexual (Orientation) Minority Issues: Conceptual and Methodological Challenges and Opportunities. *Journal of Counseling Psychology*, 56(1), 5-22. <https://doi-org.exproxy.csusm.edu/10.1037/a0014572>

- Proulx, C.N., Coulter, R.W.S., Egan, J.E., Matthews, D.D. & Mair, C. (2019, January 26). Associations of Lesbian, ,Gay, Bisexual, Transgender, and Question-Inclusive Sex Education with Mental Health Outcomes and School-Based Victimization in U.S. High School Students. *Journal of Adolescent Health*. <https://www-sciencedirect-com.ezproxy.csusm.edu/science/article/pii/S1054139X18307973?via%3Dihub>
- Silverman J.G., Raj A., Mucci L.A., Hathaway J.E.(2001, August 1). Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality. *JAMA*. 286(5):572–579.  
doi:10.1001/jama.286.5.572
- Stephenson, R., Finneran, C. (2013). The IPV-GBM Scale: A New Scale to Measure Intimate Partner Violence among Gay and Bisexual Men. *PLoS ONE* 8(6): e62592.  
<https://doi.org/10.1371/journal.pone.0062592>
- Taylor, N.T.B., Herman., J.L. (2015, November). Intimate Partner Violence and Sexual Abuse among LGBT people. The Williams Institute. Retrieved on April 12, 2019, from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf>
- Torpy, J.M., Lynn, C., Glass, R.M. (2010, August 4). Intimate Partner Violence. *JAMA*. 304(5):596. doi:10.1001/jama.304.5.596
- Walters, M.L., Chen J., & Breiding, M.J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

The Williams Institute, UCLA School of Law. (2019, January). LGBT Demographic Data

Interactive. Retrieved on May 4, 2019, from

<https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#about-the-data>

Whitton, S. W., Newcomb, M. E., Messinger, A. M., Byck, G., & Mustanski, B. (2019). A

Longitudinal Study of IPV Victimization Among Sexual Minority Youth. *Journal of Interpersonal Violence*, 34(5), 912–945. <https://doi.org/10.1177/0886260516646093>

Young, R. M., & Meyer, I. H. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. *American Journal of Public*

*Health*, 95(7), 1144-9.

<https://ezproxy.csusm.edu/login?url=https://search.proquest.com/docview/215085023?accountid=10363>

Table 1. Sexual minority adolescence weighted frequency stratified by gender and sexual identity. Combined 2015 and 2017 Youth Risk Behavior Survey

	Total N(%)	Straight N(%)	Gay or Lesbian N(%)	Bisexual N(%)	Not Sure N(%)
<b>Female</b>	n=302	n=72	n=28	n=157	n=45
<b>Sexual Identity</b>					
Heterosexual/Straight	72 (23.8)				
Gay	28 (9.3)				
Bisexual	157 (52.0)				
Not Sure	45 (14.9)				
<b>Sex of Past Sexual Contacts***</b>					
Other sex only	72 (23.8)	0 (0.0)	2 (2.8)	53 (76.6)	17 (23.6)
Same sex only	63 (20.9)	33 (52.4)	20 (31.7)	9 (14.3)	1 (1.6)
Both sexes	106 (35.1)	39 (36.8)	2 (1.9)	58 (54.7)	7 (6.6)
No past sexual contacts	53 (17.5)	0 (0.0)	3 (5.7)	34 (64.3)	16 (30.2)
<b>Race/Ethnicity*</b>					
White	52 (17.2)	11 (21.2)	0 (0.0)	33 (63.5)	8 (15.4)
Black/African American	23 (7.6)	5 (21.7)	2 (8.7)	13 (56.6)	3 (13.0)
Hispanic/Latino	135 (44.7)	31 (23.0)	16 (11.9)	68 (50.4)	20 (14.8)
Multiple & Other Races	82 (27.2)	21 (25.6)	10 (12.2)	39 (47.6)	12 (14.6)
<b>Grade</b>					
9 <sup>th</sup> Grade	61 (20.1)	15 (24.6)	4 (6.6)	32 (50.8)	11 (18.0)
10 <sup>th</sup> Grade	92 (30.5)	20(21.7)	8 (8.7)	49 (53.3)	15 (16.3)
11 <sup>th</sup> Grade	77 (25.5)	12 (15.6)	12 (15.6)	44 (57.1)	9 (11.7)
12 <sup>th</sup> Grade	72 (23.8)	25 (34.7)	4 (5.6)	33 (45.8)	10 (13.9)
<b>Recent IPV Victimization</b>					
PIPVV in past 12 months	47 (15.6)	11 (23.4)	3 (6.4)	28 (59.6)	5 (10.6)
SIPVV in past 12 months	75 (24.8)	13 (17.3)	1 (1.3)	52 (69.3)	9 (12.0)
<b>Recent Bullying Victimization</b>					
Bullied in past 12 months	76 (25.2)	18 (23.7)	6 (7.9)	43 (56.6)	9 (11.8)
Cyberbullied in past 12 months	75 (24.8)	19 (25.3)	1 (1.3)	43 (57.3)	12 (16.0)
<b>Male</b>	n=120	n=26	n=24	n=33	n=37
<b>Sexual Identity</b>					
Straight	26 (21.7)				
Gay	24 (20.0)				
Bisexual	33 (27.5)				
Not Sure	37 (30.8)				
<b>Sex of Past Sexual Contacts</b>					
Other sex only	19 (15.8)	0 (0.00)	2 (10.5)	7 (36.8)	10 (52.6)
Same sex only	34 (28.3)	14 (41.2)	18 (52.9)	2 (5.9)	0 (0.0)
Both sexes	32 (26.7)	12 (37.5)	2 (6.3)	15 (46.9)	3 (9.4)
No past sexual contacts	21 (17.5)	0 (0.00)	2 (9.5)	7 (33.3)	12 (57.1)
<b>Race/Ethnicity</b>					
White	26 (21.7)	6 (23.1)	5 (19.2)	12 (46.2)	3 (11.5)
Black/African American	7 (5.8)	0 (0.0)	2 (28.6)	1 (14.3)	4 (57.1)
Hispanic/Latino	55 (45.8)	13 (23.6)	14 (25.5)	14 (25.5)	14 (25.5)
Multiple & Other Races	24 (20.0)	5 (20.8)	3 (12.5)	6 (25.0)	10 (41.7)
<b>Grade</b>					
9 <sup>th</sup> Grade	35 (29.2)	5 (14.3)	4 (11.4)	13 (37.1)	13 (37.1)
10 <sup>th</sup> Grade	24 (20.0)	8 (33.3)	4 (16.7)	5 (20.8)	7 (29.2)
11 <sup>th</sup> Grade	30 (25.0)	8 (26.7)	8 (26.7)	4 (13.3)	10 (33.3)
12 <sup>th</sup> Grade	28 (23.3)	5 (17.9)	8 (28.6)	10 (35.7)	5 (17.9)
<b>Recent IPV Victimization</b>					
PIPVV in past 12 months	14 (11.7)	4 (28.6)	3 (21.40)	4 (28.6)	3 (21.4)
SIPVV in past 12 months	25 (20.8)	6 (24.0)	7 (28.0)	5 (20.0)	7 (28.0)
<b>Recent Bullying Victimization</b>					
Bullied in past 12 months	33 (27.5)	7 (21.2)	5 (15.2)	14 (42.4)	7 (21.2)
Cyberbullied in past 12 months	26 (21.7)	9 (34.6)	7 (26.9)	7 (26.9)	3 (11.5)
*p<0.05					
**p<0.01					
***p<0.001					

Table 2. Side by side comparison of IPV including chi square analyses and crude odds ratio, 2015 and 2017 Youth Risk Behavior Survey.

	<b>2015 SIPVV/PIPVV N (%)</b>	<b>2017 SIPVV/PIPVV N (%)</b>	<b>P Value</b>	<b>Crude Odds</b>
<b>Sexual Minority Adolescents</b>	61 (33.3)	63 (26.4)	0.119	0.716
<b>Female</b>	n=129	n=173		
All Females	47(36.4)	47 (27.2)	0.085	0.651
Sexual Identity				
Heterosexual/Straight	13 (41.9)	7 (17.1)	0.020*	0.285
Gay/Lesbian	2 (22.2)	2 (10.5)	0.574	0.412
Bisexual	26 (38.8)	32 (35.6)	0.676	0.870
Not Sure	6 (27.3)	6 (26.1)	0.928	0.941
Grade				
9 <sup>th</sup> Grade	6 (37.5)	9 (20.0)	0.118 <sup>1</sup>	0.417
10 <sup>th</sup> Grade	17 (38.6)	14 (29.2)	0.337	0.654
11 <sup>th</sup> Grade	7 (22.6)	13 (28.3)	0.577	1.351
12 <sup>th</sup> Grade	17 (44.7)	11 (32.4)	0.282	0.591
Race/Ethnicity				
White Non-Hispanic	9 (47.4)	13 (39.4)	0.575	0.722
Black Non-Hispanic	4 (28.6)	1 (11.1)	0.611 <sup>1</sup>	0.313
Hispanic/Latino	20 (32.8)	22 (29.7)	0.703	0.867
Other Non-Hispanic	13 (39.4)	10 (20.4)	0.061	0.394
<b>Male</b>	n=54	n=66		
All Males	14 (25.9)	16 (24.2)	0.832	0.914
Sexual Identity				
Heterosexual/ Straight	3 (23.1)	4 (30.8)	1.000 <sup>1</sup>	1.481
Gay	4 (26.7)	4 (44.4)	0.412 <sup>1</sup>	2.200
Bisexual	3 (25.0)	5 (23.8)	1.000 <sup>1</sup>	0.938
Not Sure	4 (28.6)	3 (13.0)	0.390 <sup>1</sup>	0.375
Grade				
9 <sup>th</sup> Grade	2 (25.0)	6 (22.2)	1.000 <sup>1</sup>	0.857
10 <sup>th</sup> Grade	3 (23.1)	3 (27.3)	1.000 <sup>1</sup>	1.250
11 <sup>th</sup> Grade	6 (42.9)	3 (18.8)	1.000 <sup>1</sup>	0.308
12 <sup>th</sup> Grade	3 (16.7)	3 (30.0)	0.236 <sup>1</sup>	2.143
Race/Ethnicity				
White Non-Hispanic	1 (9.1)	5 (33.3)	0.197 <sup>1</sup>	5.000
Black Non-Hispanic	1 (50.0)	2 (40.0)	1.000 <sup>1</sup>	0.667
Hispanic/Latino	9 (30.0)	6 (24.0)	0.619 <sup>1</sup>	0.737
Other Non-Hispanic	3 (33.3)	2 (13.3)	0.326 <sup>1</sup>	0.308

\*p<0.05

<sup>1</sup>Fisher's Exact Test

Degree of freedom (df) = 1

Table 3. Side by side comparison of IPV by prevalence of bullying, 2015 and 2017 Youth Risk Behavior Survey.

	<b>2015 SIPVV/PIPVV</b> N (%)	<b>2017 SIPVV/PIPVV</b> N (%)	<b>P Value</b>	<b>Crude Odds</b>
<b>Sexual minority adolescents</b>	n=183	n=239		
Recent bullying victimization	29 (40.8)	29 (36.3)	0.562	0.824
Cyberbullying in past 12 months	24 (26.2)	20 (40.8)	0.589	0.805
Bullied in past 12 months	18 (37.5)	22 (36.1)	0.877	0.940
<b>Female</b>	n=129	n=173		
Recent bullying victimization	23 (40.0)	19 (34.5)	0.231	0.620
Cyberbullying in past 12 months	20 (50.0)	14 (40.0)	0.385	0.667
Bullied in past 12 months	14 (41.2)	17 (40.5)	0.951	0.971
<b>Male</b>	n=54	n=66		
Recent bullying victimization	6 (28.6)	10 (40.0)	0.418	1.667
Cyberbullying in past 12 months	4 (33.3)	6 (42.9)	0.701 <sup>1</sup>	1.500
Bullied in past 12 months	4 (28.6)	5 (26.3)	1.000 <sup>1</sup>	0.893
<sup>1</sup> Fisher's Exact Test				
Degree of freedom (df) = 1				